Q: Today is January 5th, 2017. My name is Dorothea Black and I'm here at Newton City Hall with Dr. Douglas Huber. Together we are participating in Newton Talks Oral History Project that is being conducted by the Newton Free Library, Historic Newton, and the Newton Senior Center. What is your connection to Newton?

A: Well, I've lived here now since 1997, so I'm not exactly a veteran of Newton, but lived in the Boston area since early '90s, and this was a nice place to live and one of my colleagues and friends at Pathfinder International, a nonprofit organization I was working with, said, "I think you'll like Newton." So we looked here and have a condo in Newton Upper Falls.

Q: Before we talk about how you entered the service could you explain a little bit about the U.S. Public Health Service and what its connection was to the Vietnam War?

A: Right. Well, the U.S. Public Health Service is a uniformed service, like the other branches, but perhaps not as well-known. And in terms of officially serving in armed conflicts it would be the health service for the U.S. Coast Guard, so being deployed with the U.S. Coast Guard, depending on where they're at, and also the Merchant Marine. But much of what the U.S. Public Health Service does now and was doing when I was an active member of it was the U.S. domestic health, and particularly its origins were, I belong to the Epidemic Intelligence Service which was a group of trained epidemiologists to deal with epidemics as they might emerge, particularly in light of bioterrorism.

So, what if somebody poisoned the water supply or there was an outbreak of strange mysterious pox-like illness and where was it coming from and how do you find out where it is, how it got started, how to contain it, and the origins of it. So, since then there has been a lot of interest, and it blossomed, I think, into the more broad based that the U.S. Centers for Disease Control is now, but also elements at the National Institutes of Health and others in terms of vaccine development but also control of epidemics and investigation of things that cause death. And for example, the

Anthrax scares after 9/11 were investigated by the CDC and my former boss who is an expert in Anthrax, so you don't often have a situation in which you need to find out where this Anthrax is coming from, what strain it was, what are the precautions you take for the Congress and anybody who has been in contact with the mail, etcetera etcetera. So, it quickly evolves into all of those other dimensions.

Q: Interesting. Thank you. What were you doing before you--

A: I was in internal medicine training at the University of Oklahoma Medical Center, and during the Vietnam War the various branches of service were open, Army, Navy, and Air Force, and the U.S. Public Health Service, and I really thought I would be a better fit with the U.S. Public Health Service than some of the other branches. So I had a one year deferment to do one year of residency training beyond my internship and then go into active service.

Q: How did you adapt to military life and all the various different aspects?

A: Well, it was, in a sense it was fairly easy in Atlanta, because at that time the uniformed part of the service was fairly modest. We all had travel restrictions and government authorization for everything and if we were working overseas, as I did for a time on Guam, we flew military transport in other areas, but I wasn't directly engaged with military conflict during that time.

Q: How did you stay in touch--Where are you from?

A: Well, I'm from Arizona originally and wasn't married at the time, so it was still possible to stay in touch with my family in southern Arizona.

Q: And how did you do that during that time?

A: Well, through the usual communications, which often were mail and being able to fly home with, I think several of the airlines had free transportation so long as you were uniformed during your travel, so that was how I did that.

Q: And you were in Atlanta, and then you mentioned Guam.

A: Yes. I was conducting a field vaccine trial there with the National Institutes of Health and CDC, looking at what struck me at the time a little bit implausible but definitely relates to the health side, giving children the triple vaccine, Measles, Mumps, and Rubella, along with the triple vaccine for Polio, the three strains of Polio, along with Diphtheria, Tetanus, and Influenza, all six of those, excuse me, all nine of those vaccines given at one time, and seeing whether there would be interference with the immunity that was developed by kids and so on, because I thought, "Gosh, you can really give all nine at one time?" And sure enough kids develop good immunity, solid immunity to all of the vaccines, which is part of the basis for why we give vaccines the way we do now. NIH and others needed to establish those things before authorizing large scale production of vaccines and also the guidelines on that.

But at the same time that was the source for a lot of B52 bombers going to Vietnam and elsewhere, since two-thirds of Guam is basically occupied by military bases, Navy and Air Force, so I had a fair amount of interaction with colleagues on the bases, but more informal.

Q: What was Guam like in day to day life?

A: It was hot. [Laughter] Hot and sticky, and you learned that roads made with seashells are slippery as snow when it's wet. So, after being told that and then experiencing it a little bit driving around there you learn to drive in a whole new way when it rains, and being in the South Pacific it rains in Guam.

Q: And any memorable experiences from that time and living in Guam?

A: Well, just going out to the communities, since the NIH and CDC that were sponsoring this trial offered the service at the home. So I was working with a Guamanian nurse who knew all the families or knew how to get along Guam to all the remote areas, so I traveled through a lot of remote areas in Guam, probably the same that armed forces had actively been through and were several decades earlier. And I think even while I was there it hadn't been too long before then that one of the holdouts of the Japanese forces finally came out of the interior, so when you sort of see the inner part of Guam and parts of that like the Philippines it can be very dense.

Q: And it was children you were working with?

A: Yes, and also then drawing blood from them at their homes, so all of this was a convenience for them in exchange for receiving blood samples to document.

Q: So you would actually go into their homes and villages?

A: Yes, right, along with my Guamanian counterpart who was terrific. That was part of one of the first cross-cultural experiences, even though Guam was a U.S. territory. Guamanians are not like most folks living on the mainland.

Q: So you had a chance to meet many people beyond Americans?

A: Oh definitely.

Q: From that time are there any other experiences that stand out, anything positive or negative?

A: Well, just since I was interested, by that time I had in the U.S. Public Health Service gotten really exposed to public health and the impact you could have on people's lives and health as opposed to the one on one internal medicine training that I was doing for treating a patient and making, hopefully making that person well to if you do the right things the right way for the right reason in public health you can influence and impact a lot more people, including at the time global Smallpox eradication was really in force and CDC and my colleagues were heavily involved in that.

So, I decided that I was really interested and particularly in the reproductive health side of things, so I decided on my way back from Guam to try to connect a number of points along the way in Taiwan, India, Iran, which was still feasible to visit then, and Geneva on my way back to Atlanta via military transport for most of the way, so that was fascinating, flying on U.S. cargo planes to Bangkok and others, but then got caught in the middle of the India/Pakistan War in about December 6th, 1971 when I got there and all of a sudden there was no flying over Pakistan, which is where all the flights went from Delhi. So there was blackout and you couldn't drive anyplace, you couldn't leave, and all the foreigners were trying to leave and I needed to be someplace, including getting back to my own.

So, it was a lot of scurrying around and a lot of throwing yourselves at the mercy of Indians who helped me get a flight to Bombay that could then get out and go around Pakistan during that, during that war. So I hadn't expected to be in the middle of a conflict, but there it was, and I had never been in India before or any other developing country except Mexico. So, that was quite an experience of how to get around. And I suppose it was fairly formative in, okay, the rest of my public health career has basically been in international health where you learn to adapt to all sorts of different circumstances, including most recently in Afghanistan.

Q: Did you make that decision during this period to become involved in international?

A: Yeah. Yes.

Q: Can you explain?

A: Right. And both the public health focus but then also the more global international focus for health that seemed like it was also very important and also very much linked with health in the U.S. I mean the Ebola outbreak is a perfect recent example where CDC and others were fully immersed in that whole venture, as they were with SARS and Lassa fever before that, and now Zika virus.

Q: So you made it back to Atlanta.

A: Yes.

Q: Was your family happy to see you?

A: Well, I didn't see my family just then, but my girlfriend who is now my wife of 44 years was happy to see me back, so I was glad for that. [Laughter]

Q: I see there is a little story here.

A: Well there is a little bit.

Q: And was that the end of your service?

A: No, and one of the things I mentioned there, working on epidemics in Atlanta and as kind of the swing Epidemic Intelligence Service Officer was covering a lot of different areas there we had a new outbreak, a new epidemic that was totally off the radar for what Centers for Disease

Control usually did in infectious diseases, and that was a drug overdose mortality increase in Atlanta. In the space of about three weeks they had like 23 deaths of heroin overdose, or so it appeared to be, compared to three for the whole previous year, so this was an outbreak by any standards. And some of this is very relevant to today.

But CDC had never investigated a drug abuse outbreak, much less a drug mortality outbreak, and the newspapers were full of that, "What's gone on? Is this strychnine? Is there some poison within the heroin?" These were recreational users by and large who were dying. And so CDC said, "Well, why don't we take that on and you can go and try to find out who is being affected, where they come from, why as best you can, and how to stop it, like you do most epidemics?" So, I had the field epidemiology task of going to people's homes, interviewing the surviving spouses or family members and others, and as you might guess these weren't the best parts of Atlanta where most people came from who had died. But then, so that was an experience.

Actually I borrowed my Sally Craig Huber's car, because she had an old broken down Karmann Ghia and I had kind of a larger, more recent Chevrolet, and I figured, "I don't want to drive a recent model Chevrolet into those areas. That is not going to look right. But if I drive this old broken down car maybe somebody will talk to me." It was again sort of new territory that nobody had ever covered at that time. And sure enough, finding out that it seemed to be very potent heroin, and then linking it with the survivors who ended up at Grady Memorial Hospital.

So, the twenty-three deaths, there were probably double that many overdose cases that appeared in emergency room. And the doctors in the emergency room pointed out that they always knew when there was a drug overdose patient arriving, because usually it was he and his two friends would be carrying him in by the arms and dropping him in the middle of the floor and running out. So, from a distance you could see another overdose case. And then most of them they were able to revive with the same kinds of drugs that we are using now, Naloxone to have an

immediate rapid reversal effect on any narcotic overdose, which is now used for Fentanyl and those other overdose deaths that we're now seeing in Massachusetts and elsewhere.

So it's interesting how from the early 1970s to now we're seeing some of these repetitions in newer more toxic drugs, but CDC got considerably involved with heroin overdose deaths and narcotic deaths in New York and other cities and the whole drug surveillance unit developed around that. But that was some of the groundbreaking effort and a unique experience for me going into those communities, and also not-- Field epidemiology is sometimes knocking on the door and saying, "Your child was sick with Measles. Where did he play?" But this was, "We know your son died from an overdose. Can you tell us anything?" So, it was new ground.

Q: And so it's like solving a mystery.

A: Yeah, a lot of, a lot of epidemic investigation are that, sort of we were euphemistically referred to as medical sleuths at the time, and Berton Roueche wrote up a lot of the epidemics in a more dramatic form that were published in the *New Yorker* over the years. That is still pretty good reading for some of the Anthrax outbreaks and other interesting things along the way.

Q: So, were you able to feel that you had solved it or gotten to the bottom of it before you moved on?

A: Well, we knew that the cause of it in fact was new stronger heroin had appeared in the market. That was pretty clear. Some of the fatalities had only taken half of what was referred to as a bag of heroin powder, only half of it, and sniffed that rather than injecting it, and still died. And the fact that the survivors at Grady Memorial Hospital were fine when treated with the reversal drug, there wasn't signs of other toxins, so going to the morgue and assessing those who had died, some of the classic signs of opioid overdose were there, but you can't do a history, but you can for those who are survivors and also see what other things were in their medical records,

which we were able to see is something else going on here, like the suppositions that there was strychnine or some other poison that was included to cut the heroin.

Q: Well, it sounds like all this experience influenced your life work, this period of time. Was there anything about the Vietnam War in particular that you can look back and say it had an influence on you and your life and work?

A: Not the war particularly. I mean it made me appreciate that the world is a complex place, and even now looking back at the Vietnam War as we're still writing that history and what happened and why and what were the outcomes, what are the lessons learned, from a public health and an international relations perspective I mean international health goes hand in hand with development work, with U.S. Agency for International Development and the State Department, and sometimes the military, as in Afghanistan, even on the health initiatives and how do things work and not work. But I wasn't directly with the conflict itself.

Q: Is there anything outstanding that we should talk about from these years that we haven't covered?

A: Well, I suppose having finished the two years of required service in the Epidemic Intelligence Service and then going on for an advanced degree at the London School of Hygiene and Tropical Medicine, decided that I wanted to make, I didn't think of it as a career, but the next step was to work in international health in some way with U.S. Agency for International Development where you really needed security clearance and things like that for the usual things and sensitivities around that, but then went to Bangladesh, again with the U.S. Public Health Service, for two years, working with the Cholera Research Laboratory.

So, rural Bangladesh in 1975 was a country that had just come out of this war with Pakistan, the war that I got caught in in 1971 in the middle of it. Well, the country was still recovering from all

of that and starting fresh as a new nation. So, working with Bangladeshi colleagues and some of the things you learn and how to apply epidemiology and public health in that context was important. The Cholera Research Laboratory was initially known as the SATO Pakistan Cholera Research Lab, the Southeast Asia Treaty Organization, and typically the Director of it was a Captain in the Navy under their Medical Research unit, being that cholera and other diseases like that are important to U.S. military and U.S. health and security, as well as elsewhere. So, vaccine development, you have to go where cholera is in order to do the vaccine field trials, which they did.

And I was starting up a relatively unique aspect that CDC was also involved in, and that is the reproductive health side of things. So I started the first family planning project there in that whole large area which constituted about 140 villages that were part of the data collection system where vaccine trials were being conducted, and they had very good demographic data on births and deaths and things like that. So, doing a fairly unique door to door provision of contraceptive services in that conservative Muslim society, so that was again a new experience that hadn't been done before.

So, I guess in thinking on it, the experiences in public health service taught me to do things or to take on things that hadn't been done before and see if you can figure out how to do them, and yes use the tools of epidemiology and public health to meet those needs and apply them.

Q: And what about travel? Did you imagine before you signed up to go to, at the beginning did you imagine you would be so many different places?

A: No, I sure didn't. When I was in Medical School I had this inkling that it would be good along my way to becoming trained, a trained physician and start a practice and raise a family and do those things, that it would be good to spend a little time in the developing world, sort of as a period of we kind of all owe debt. And I'm not even sure where that came from, but it just

seemed like it was something that should be done. And so I got guided by one of my Professors towards the CDC and the epidemiology program, and since they do some international work and this Professor had just come back from a sabbatical working on smallpox eradication in India and spoke highly of that, and you could see the potential for that.

So that's how I got inspired. And then lo and behold it was a take, so I decided to go that route rather than the clinical practice side, even though I love treating patients. You can't do everything well in all realms, and you need to focus on the international part and the public health aspects if you're going to do that well.

Q: So, our last question here is what would you like people to know a hundred years from now from your experiences?

A: Well, that's a great question. Well, one is, as I started out saying that the next step wasn't necessarily a career plan, and as I look back over the last 40-some years, my health career and starting out in the U.S. Public Health Service, it was formative and pointing me in new directions I had never expected. So, part of the lesson is don't be afraid to just sort of be open to new possibilities. Many of us end up going in directions that we had never thought about nor planned in our own conscious plans for our future, and that can be just fine and sometimes probably a lot more worthwhile to where you seem to be called to serve. And also I didn't mention that the other reason for gravitating to the Public Health Service is the group of individuals was just phenomenal at the Centers for Disease Control, and so were my fellow interns and residents in Medical School and the Professors there, but this is kind of my group, and they were doing a lot of interesting things and making a huge difference in the world. And I said, "Yeah, that could be fun as well as rewarding." And it turned out to be both.

So, I think following those areas where it does seem to be fun, interesting, and you like what you're doing and you like the people that you're working with, and exploring new areas,

whatever your area of discipline or talents or expertise or experience is. Don't be afraid to use it in new areas that haven't been done before. Sometimes you find really amazing things out of that. Certainly I did.

Q: Well thank you. That is wonderful and very interesting. Well, thank you so much for taking the time to do this with us.

A: Thank you.

Q: And we're really very happy to be able to include you in the Newton Talks Oral History Project.

A: Okay, great.

END OF INTERVIEW